




[IN]FORMING THE FAMILY OF A PERSON IN CRITICAL SITUATION: NURSING PERCEPTIONS AND PRACTICES


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ABSTRACT

Objectives: to identify aspects inherent to communication considered by nurses when conveying information to the family member of a person in critical condition; identify what information nurses seek from the family member and what nursing focuses emerge; Identify family needs and factors that influence content and information needs.

Method: this is a quantitative, descriptive, exploratory, and cross-sectional study that involved administering a structured questionnaire. Twenty-three nurses from a multipurpose Intensive Care Unit of a central Portuguese hospital participated. The theoretical frameworks supporting the work and analysis are Orem's self-care theory, Meleis's transition theory, Swanson's structure of caring, McCormack and McCance's person-centered care model, and the International Classification for Nursing Practice.

Results: in terms of communication, posture, appropriate language, and availability emerge. Among the information nurses seek, they need to understand what the family member knows about the critically ill person's health status and the strategies implemented. The most common nursing focuses are anxiety and communication. Understanding the health status of the person in critical condition by the family, through clear and timely information, is essential and influences their needs.

Conclusion: regarding communication, nurses emphasize posture and availability. It's important to understand what family members know about the critically ill person's health status and what strategies they've implemented. Responding to the need for information translates into peace of mind for the family, from both the family and the nurses' perspectives.

DESCRIPTORS: Family. Critical illness. Intensive care units. Health communication. Nurses.

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[IN]FORMAR A FAMÍLIA DA PESSOA EM SITUAÇÃO CRÍTICA: PERCEÇÕES E PRÁTICAS DE ENFERMAGEM

RESUMO

Objetivo: identificar aspetos inerentes à comunicação considerados pelos enfermeiros aquando da transmissão de informação ao membro da família da pessoa em situação crítica; identificar que informação procuram os enfermeiros do membro da família; que focos de enfermagem emergem; identificar as necessidades da família e os fatores que influenciam o conteúdo e as necessidades de informação.

Método: estudo de abordagem quantitativa, descritivo, exploratório e transversal, que consistiu na aplicação de um questionário estruturado. Participaram 23 enfermeiros de uma unidade de cuidados intensivos polivalente de um hospital central português. Os referenciais teóricos que sustentam o trabalho e a análise são a teoria do autocuidado de Orem, das transições de Meleis, *the structure of caring* de Swanson, modelo do cuidado centrado na pessoa de McCormack e McCance e a classificação internacional para a prática de enfermagem.

Resultados: nos aspetos inerentes à comunicação emergem: postura, linguagem adequada e disponibilidade. Na informação procurada pelos enfermeiros emerge compreender o que o membro da família sabe acerca do estado de saúde da pessoa em situação crítica e as estratégias implementadas. Os focos de enfermagem mais frequentes são: ansiedade e comunicação. A compreensão do estado de saúde da pessoa em situação crítica pela família, através de informação clara e oportuna, é essencial e influencia as suas necessidades.

Conclusão: nos aspetos inerentes à comunicação, os enfermeiros destacam a postura e a disponibilidade. Emerge compreender o que o membro da família sabe acerca do estado de saúde da pessoa em situação crítica e que estratégias implementaram. A resposta à necessidade de informação traduz-se em sossego para a família, na perspetiva da família e dos enfermeiros.

DESCRITORES: Família. Pessoa em situação crítica. Unidades de cuidados intensivos. Comunicação em saúde. Enfermeiro.

[IN]FORMANDO A LA FAMILIA DE UNA PERSONA EN SITUACIÓN CRÍTICA: PERCEPCIONES Y PRÁCTICAS DE ENFERMERÍA

RESUMEN

Objetivos: identificar aspectos inherentes a la comunicación considerados por enfermeras al transmitir información al familiar de una persona en estado crítico; identificar qué información buscan las enfermeras del familiar y qué enfoques de enfermería emergen; e identificar sus necesidades desde la perspectiva del familiar.

Método: se trata de un estudio cuantitativo, descriptivo, exploratorio y transversal que implicó la administración de un cuestionario estructurado. Participaron veintitrés enfermeras de una unidad de cuidados intensivos multipropósito de un hospital del centro de Portugal. Los marcos teóricos que sustentan el trabajo y el análisis son la teoría del autocuidado de Orem, la teoría de la transición de Meleis, la estructura del cuidado de Swanson, el modelo de atención centrada en la persona de McCormack y McCance, y la Clasificación Internacional para la Práctica de Enfermería.

Resultados: en cuanto a la comunicación, se destacan la postura, el lenguaje apropiado y la disponibilidad. Entre la información que buscan las enfermeras, es necesario comprender qué sabe el familiar sobre el estado de salud de la persona gravemente enferma y las estrategias implementadas. Los enfoques de enfermería más comunes son la ansiedad y la comunicación. Desde la perspectiva de la familia, es importante que comprendan el estado de salud de la persona gravemente enferma.

Conclusión: en cuanto a la comunicación, las enfermeras priorizan la postura y la disponibilidad. Es importante comprender qué saben los familiares sobre el estado de salud de la persona gravemente enferma y qué estrategias han implementado. Responder a la necesidad de información brinda tranquilidad a la familia, tanto desde su perspectiva como desde la de las enfermeras.

DESCRIPTORES: Familia. Enfermedad crítica. Unidades de cuidados intensivos. Comunicación en salud. Enfermeras y enfermeros.

INTRODUCTION

Considering the family's needs, information regarding a person in a critical situation admitted to an Intensive Care Unit (ICU) emerges as very significant¹. Nursing therapeutic interventions targeting critically ill patients face a multitude of challenges and stimuli. Considering an advanced nursing record, this involves supporting decision-making and considering the personal, community, and social dimensions inherent in the transition process they are experiencing². This person, a nursing client, reveals in the daily care provided by the family the impact of their clinical situation on those who are significant to them.

It has been found that, when aligned with the family's needs, the responses produced by nurses translate into comfort for all involved in the therapeutic triangle: the critically ill person, the family, and the care team. Nurses are considered key elements for the family, not only because of their clinical relevance in the implementation of complex therapeutic protocols, but also because they are carriers of relevant information, resulting from their close proximity to a critically ill person³.

The moment nurses and families communicate, the possibility of sharing emerges. They find, in that moment, the opportunity to give, but also to question what they perceive as necessary, in form and content. Two frameworks regarding the concept of information emerge in daily interactions: the family seeking information about a person in critical condition; nurses seeking to simultaneously understand a person in critical condition through the family; and the family in which a person in critical condition lives³.

The fact that these are relevant to a person in critical condition, family, and nurses gives them the will to seek out, in particular, details that dispel doubts, based on different interests. The need for information, due to vulnerability and responsibility, is a constant for both participants: family member and nurses. It is important that nurses construct the "communicate to inform" intervention and identify what a family member specifically seeks⁴⁻⁶.

The present study aims to: identify which aspects inherent to communication nurses consider when conveying information; identify what information nurses seek when interacting with family members; and identify from the interaction with the family member (and from their perspective) which nursing focuses emerge most frequently, and what influences the content and need of information.

METHOD

This is a quantitative, descriptive, exploratory study that used a structured questionnaire with closed-ended and open-ended questions⁷.

The use of the questionnaire as a quick technique was intentional and proved to be fundamental in the process and in the research stage⁸. This was a useful option considering the integration into the team of initiated researchers, the time spent on research and on literature review and theoretical framework activities, which proved to be time-consuming, although fundamental⁸.

It was important that the questionnaire survey be clear and interesting in order to ensure a greater number of responses. Two phases were identified in its construction planning: a first phase in which the integrative literature review findings were considered using Mendes *et al.*⁹ and Whittemore and Knafl as frameworks¹⁰. This review aimed to answer the following research question: What information do nurses and families share when interacting in the ICU? It was found that sharing, recognizing its potential for those receiving it, focuses on identifying the "changes and differences" resulting from the health-disease transition process and proposing interventions by the healthcare team, focusing on "knowledge" and "awareness" of the facts. This research phase provided support for the next phase.

Knowing that the questionnaire survey translates into a sequence of questions addressed to participants with the intention of capturing their factual understanding, belief or representation about a certain aspect⁸, it was important, in a second phase, to define:

- The questionnaire topics;
- The variables;
- The number of questions for each variable;
- The type of answer for each question;
- The response instructions so that the respondent does not experience doubts;
- The questionnaire sections;
- The participants in perspective as subjects also in development^{8,11}.

Investment was made in developing the questionnaire layout, considering that it should be attractive and welcoming for participants, in a process that is known to be voluntary.

Its construction was based on Orem's self-care theory¹², Swanson's caring theory¹³, McCormack and McCance's person-centered care model¹⁴, Meleis' transition theory² and the International Classification for Nursing Practice¹⁵.

The instrument underwent two pre-tests. The first involved members of the research team who were not involved in its development. In the second, three nurses were intentionally selected for their expertise in the topic and clinical practice in the ICU. At each stage, proposed changes were made with the aim of clarifying the guidelines, both in terms of vocabulary and instructions for respondents. All proposed changes were considered, bringing greater coherence and consistency to the final version of the instrument.

The study took place at a multipurpose ICU of a central hospital within a Portuguese hospital center. The study population consisted of nurses from this unit who met the following inclusion criteria: a bachelor's or master's degree in nursing, with clinical experience in the ICU, providing care, or managing nursing teams. The unit consisted of 28 nurses who met the inclusion criteria, and 23 nurses participated in the study.

The data collection instrument was developed and made available through an online platform [Google Forms]. This tool allowed for digital distribution of the instrument, facilitating participant access from July to October 2022, with systematic reinforcement of responses, ensuring efficient data collection. It enabled the automatic sequential organization of responses, which were subsequently analyzed according to the study objectives.

This questionnaire survey had two types of questions. Of the 23 closed-ended items, eight addressed sample characterization and 15 addressed the objective of this study [multiple-response]⁸. The instrument also contained two open-ended questions aimed at symptom management. This article presents the results of the analysis of the closed-ended questions.

Ethical procedures were followed, and the purpose of the study was clarified, allowing participants to give their informed consent. The anonymity of the questionnaires was ensured. The study received a positive review from the hospital's ethics committee.

RESULTS

Twenty-three nurses from the ICU team participated in the study. Their mean age was 40.7±10.11. Concerning professional experience, 54.54% had been working in this ICU for over 10 years; 40.91% had worked in this ICU for over 20 years; and 27.3% worked in management support roles. Regarding specialization, 13.63% specialized in rehabilitation nursing; and 9.09% specialized in medical-surgical nursing in the area of critical care nursing.

When interacting with family members, regarding aspects inherent to communication that nurses consider when conveying information, 86.96% identify appropriate posture/body language and show availability to meet the multidimensional needs of the family member (Table 1).

When identifying the specific information nurses seek when interacting with family members, 95.65% emphasize understanding what the family member knows about the client's health status. The nursing focuses¹⁵ that most frequently emerge from interactions with family members are anxiety and communication (Table 1).

In relation to family member interaction with nurses, 100% believe that family members seek to understand a critically ill person's health status. Regarding the information to be provided to family members during hospitalization, 73.91% consider the time of ICU visits and nursing care clinical status to be important. Regarding factors inherent to nurses that can influence the content of information, 69.56% highlight the information to be provided by members of the multidisciplinary team (Table 2).

In relation to the family member's need for information, 100% of participants identified that it can be influenced by personal, social and community factors; however, with varying relevance (Table 3).

Table 1 – Aspects inherent to communication, specific information, and nursing focuses in interactions with family members. Lisbon, Portugal, 2022. (n=23).

Variables	(%)
Aspects inherent to communication that nurses consider when conveying information	
Appropriate posture/body language	86.96
Availability to meet the family member's multidimensional needs	86.96
Calm, low tone of voice	82.60
Active listening	82.60
A suitable environment for conveying information	65.21
Objectivity	60.86
Assertiveness	52.17
Directed gaze	52.17
Therapeutic touch	30.43
Proxemics to the family member	0.0
Identifying the specific information that nurses seek when interacting with the family member	
Understand what the family member knows about a critically ill person's health status	95.65
Strategies implemented by the family to cope with the hospitalization situation	82.60
Identify the family member as a reference	78.26
A client's relationship with family members	65.21
Changes in the family system due to the family member's hospitalization	60.86
Resources mobilized to cope with the hospitalization situation	56.52
Receptiveness to nursing intervention	56.52
Personal history	52.17
Previous hospitalizations	34.80
Previous Intensive Care Unit admissions	17.39

Table 1 – Cont.

Variables	(%)
Nursing focuses¹⁵ that emerge most frequently in interactions with family members	
Anxiety	78.26
Communication	78.26
Anguish	56.52
Fear	56.52
Denial	52.17
Sadness	47.82
Family knowledge	39.13
Family coping	30.43
Family processes	26.08
Learning	17.39
Grief	17.39

Table 2 – Aspects that the family member seeks in the interaction with a nurse, important aspects to convey to the family member, and factors that may influence the content of the information conveyed. Lisbon, Portugal, 2022. (n=23).

Variables	(%)
Aspects that the family member looks for in the interaction with a nurse	
Understand the health status of a critically ill person	100.00
Understand what information one can share with other family members	47.82
Understand how they can play an active role in a critically ill person's recovery	39.13
Information regarding ICU operations	30.43
Identify the nurse who is the primary care provider for critically ill patients	21.73
Identify the member of the multidisciplinary team with whom they prioritize interaction	17.39
Identify community resources that can be mobilized in preparation to return home	17.39
Identify unit resources that can be mobilized based on their needs	13.04
Aspects that nurses consider important to convey to the family member during hospitalization	
Intensive Care Unit visiting hours	73.91
Family member's clinical status regarding nursing care	73.91
Multidisciplinary family support staff	65.21
Unit routines and standards	60.86
Direct telephone line to the Intensive Care Unit	56.52
Referral nurse	43.47
Existing equipment	30.43
Participate in nursing care planning	30.43
Participate in nursing care	13.04

Table 2 – Cont.

Variables	(%)
Factors inherent to nurses that can influence the content of the information conveyed	
Information to be provided by the multidisciplinary team members	69.56
Length of professional experience	60.86
Length of professional practice in the Intensive Care Unit	56.52
Existence of multidisciplinary interaction	56.52
Experience as a family member	47.82
Specialized training	34.78
Specialized training in critical care	26.08
Specialized training in communication	26.08
Participation in critical event discussion sessions	21.73
Specialized training in palliative care	8.69

Table 3 – Distribution and relevance of factors influencing family member information needs identified by participants. Lisbon, Portugal, 2022. (n=23).

Factors influencing a family member's need for information	1 Less relevant	2	3	4	5 Most relevant
Length of stay	0.00	13.00	21.70	43.51	21.70
Direct telephone line to the Intensive Care Unit	0.00	13.00	26.10	26.10	34.80
Know who the reference nurse is	4.30	4.50	21.70	47.80	21.70
Clear, relevant, and timely information	0.00	0.00	8.70	13.00%	78.30
Be the reference family member	0.00	8.70	30.40	26.10	34.80
Previous Intensive Care Unit experience	0.00	8.71	39.10	39.10	13.00
Being situated in the health-disease process	0.00	0.00	8.70	56.50	34.80
Previous preparation and knowledge	4.30	0.00	13.00	52.21	30.40

DISCUSSION

Focusing on the study objectives, the results show that nurses, in their interactions with family members, consider the following to be most relevant to the success of their intervention: understanding what the family member seeks to know about a critically ill person's health status, the type of relationship between the critically ill person and each family member, who the family member of reference is, and what strategies have already been implemented to deal with the hospitalization situation. It can be seen that they gradually build an appreciation of the necessary information, identifying existing relationships and developing strategies. They are thus aligned with the "knowing" process of Swanson's caring model, seeking to understand the significant event in the life of a critically ill person and their family¹³. Considering, as Gunnlaugsdóttir *et al.* point out, that the family member experiences anxiety, fear, helplessness and suffering, it is important that nurses recognize and identify signs of emotional distress¹⁶.

In the relationship between a critically ill person, their family, and nurses, it is important to create opportunities to explore family dynamics, know its members, and the meaning they have for each other. This ongoing and essential assessment is the starting point for developing nursing interventions¹³. In this regard, Gunnlaugsdóttir *et al.* emphasize the need to provide realistic hope in the nursing intervention construction and improve the family member's ability to manage this phase of their life¹⁶.

Nurses, as facilitators of the health-illness transition, seek to identify what is relevant to the family member, in order to empathetically understand the implications associated with this transition¹⁶. They thus reveal care centered on the family member, translated into mutual respect, two-way communication, shared decision-making, and the construction of intervention plans that guarantee respect for their preferences, traditions, and culture^{2,14,17,18}. Nurses reveal themselves in the way they engage in the human response to the transitions experienced by people throughout the life cycle¹⁹. Dees *et al.* also recognize that nurses must be attentive to the family member's needs for safety, comfort, and support²⁰.

Participants believe that family members seek to identify what information they can share with other family members and how they can play an active role in the recovery of a critically ill person. With this intention in mind, nurses seek to facilitate the process, which, in Swanson's view, translates into facilitating the passage through life transitions, using their specific knowledge²¹. Nurses aim to enhance, through the reference family member, the well-being and self-care of family members, finding alternatives, namely for the participation of the family member in the care of a critically ill person¹⁷.

Focusing on the potential of a person receiving nursing care, it states that to understand the experience during the transition, it is necessary to uncover the conditions that facilitate or inhibit progress towards a healthy transition¹. The data reveal that nurses consider it important to communicate to family members about visiting hours, the clinical status of a critically ill person regarding nursing care, and the availability of multidisciplinary resources to support the family. In this regard, they demonstrate their professionalism, which, in Hesbeen's view, is revealed in the ability to decode, as delicately as possible, what, in a particular and definitely unique situation, can contribute to well-being²².

Concerning factors inherent to nurses that can influence the content of the information conveyed, two distinct aspects were given greater importance. First, the multidisciplinary team's standardization of the information to be provided, highlighting the need for interaction among all team members. This action reveals a collaborative matrix, with interprofessional values that are desired in these contexts, given this vulnerability. Liesveld believes that the demonstration of interprofessional values is evidenced by principles of altruism, excellence, care, ethics, respect, communication, and responsibility⁶. Gunnlaugsdóttir *et al.* summarize in this context the need to build a more humanized care environment through flexible visiting hours, to construct support spaces for family members (such as rest rooms) and to support their spiritual needs¹⁶.

A second aspect that influences nurses' perspectives on the information conveyed is their length of professional experience. This reveals the potential for applying knowledge and skills in specific contexts and circumstances, allowing them to gain confidence, improve their practice, and enhance their professional identity²³. Supporting Swanson's perspective when he states that informed care delivery varies with the ability of a novice or an expert in practice¹³.

Considering the category defined by Swanson as "enabling", for this to happen, the family must have access to a detailed explanation of the processes and feel supported, taking into account the specific transition the family member is going through.¹³ Nurses thus demonstrate an act of assistance, using their specific knowledge for the good of the other¹³. Swanson subdivides this category into five subdimensions: inform/explain; support/enable; focus; generate alternatives/reflect; validate/give feedback¹³. Gunnlaugsdóttir *et al.* consider that nurses should develop emotional support strategies

and ensure open and reciprocal communication with the family member¹⁶. Dees *et al.*, in turn, suggest that nurses can ensure family-centered care by regularly updating them on a critically ill person's situation and supporting their decision-making²⁰.

Hence, all participants considered that personal, social, and community factors influence the family member's need for information. They believe it is most important to receive clear, relevant, and timely information, to be involved in the health-disease process, to be the family member of reference, and to have a direct telephone line to the ICU. Shortly after, they discussed who the nurse reference is and their previous experience in the ICU.

In the therapeutic relationship, nurses seek to identify what feelings arise in the family member. Swanson emphasizes the importance of being emotionally present, sharing feelings without overwhelming the family member¹³. This journey involves a highly sensitive process, in which nurses engage with the other person's reality, allowing them to appreciate the situation and develop diagnoses that reflect the difficulties and feelings of anxiety, anguish, and fear. The possibility of understanding is increased by emotional openness to the family member's reality, the use of communication strategies, and active listening. As for communication aspects, participants identified appropriate posture and body language, a calm and low tone of voice, active listening, objectivity in speech, and a willingness to meet the family member's needs as the most relevant aspects. Communication often occurs nonverbally, through a welcoming look, followed by the first words¹. On the other hand, assuming therapeutic touch and proxemics to the less prominent family member.

Considering the study's limitations, the sample size may be a limitation. However, the data have significant potential for the next stage of the study, aiming to ensure families' and nurses' satisfaction, given their need for information. The data also offer the possibility of transferability to nurses in their clinical practice, allowing them to be considered, if analyzed and their significance recognized, in contexts with similar characteristics.

CONCLUSION

The need to know and obtain information is shared by both families and nurses, given the relevance of knowledge, awareness, and the meaning of the process to their actions. Considering the study's objectives, it was found that, among the communication aspects that nurses consider when conveying information, posture and availability are listed as determining factors. Regarding the specific information nurses seek in interactions with family members, it is important from their perspective to understand what the family member knows about the critically ill person's health status and the strategies implemented by the family to cope with the hospitalization situation. Analyzing the nursing focuses that emerge most frequently from interactions with family members, anxiety and communication are the most prominent.

The intentionality of the search stems from the purpose, knowing that the care of a critically ill person and the care of other family members is crucial for each participant, nurses and the family member. Nurses consider the information to be conveyed to the family member to be truly relevant, understanding that the way this information is disseminated can be influenced by their experience as individuals and as nurses. At this point, participants consider being with the family member to be crucial, allowing for a genuine presence, providing support, and understanding their distress. Consequently, nurses should consider the family member's capabilities when seeking strategies to cope with the health-illness transition.

Nurses' collection of information is essential to nursing care. In their clinical practice, they find and seek opportunities to develop skills that enable evidence-based practice. Developing these skills enables the development of client-centered therapeutic interventions.

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NOTES

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Data collection: Mendes AGAP, Silva SBL, Leal FMM.

Data analysis and interpretation: Mendes AGAP, Alves ACB, Guerreiro RFC, Silva SBL.

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